## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10717225

		CLAIMS A	S FILED (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER	
TOTAL CLAIMS			118					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			//8 minus 20=		. 98			X\$ 9=		OR	X\$18=	176400
INDEPENDENT CLAIMS			<b>%</b> minus 3 =		* 5			X43=		OR		430.00
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	D
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	296400
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							•			•	OTHER	THAN
	<del></del>	<del>,</del>	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER. USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus ***		CL AIM	=	[	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  [-33.34.48.82.//6.//7.//8.								+145=		OR	+290=	
								TOTAL		OR .	TOTAL	
		(0-1: 4)		DDIT, FEE		10	ADDIT. FEE					
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u> -</u>	[	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
		<b>I</b>	TOTAL		OR	TOTAL						
		A	DDIT. FEE L		1 ~ ' '	ADDIT. FEE						
1		(Column 1) CLAIMS		(Colum		(Column 3)	1		· · · · · · · · · · · · · · · · · · ·			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=	
8	Independent		Minus	***		=	-	X43=		رن	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<del>-</del>	OR	7.00-	
	the entering							+145=		OR	+290=	
** If	the "Highest Nun	nn 1 is less than the nber Previously Pai	d For" IN THIS	SPACE is	less thar	1 20, enter "20."	 ΔΓ	TOTAL DDIT. FEE	•	OR ,	TOTAL ODIT. FEE	
*** f	the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	S SPACE is	less that	n 3, enter "3."	,		ropriate box			